

**United States Bankruptcy Court
District of Nevada**

In re KAREEN YEUNG LANDERVILLE

Debtor(s)

Case No.
Chapter

24-11627-ABL
7

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:
SCHEDULE F / VERIFICATION OF MATRIX / MATRIX

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

Date: May 16, 2024


/s/ David Mincin

David Mincin 5427

Attorney for Debtor(s)

MINCIN LAW, PLLC

7465 W. Lake Mead Boulevard, #100

Las Vegas, NV 89128

702-852-1957 Fax: N/A

dmincin@mincinlaw.com

Fill in this information to identify your case:

Debtor 1 **KAREEN YEUNG LANDERVILLE**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number **24-11627**
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	ANTHEM BLUE CROSS AND BLUE SHIELD	Last 4 digits of account number 8391	\$1,210.90
	Nonpriority Creditor's Name		
	P.O. BOX #6112		
	Indianapolis, IN 46206-6112		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify BUSINESS DEBT		
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply		

Debtor 1 **KAREEN YEUNG LANDERVILLE**Case number (if known) **24-11627**

4.2

LABORATORY CORPORATION OF AMERICA

Nonpriority Creditor's Name

P.O. BOX #2240**Burlington, NC 27216-2240**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4314****\$1,636.65**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **MEDICAL**

4.3

SELECT PHYSICAL THERAPY / DIGNITY HEALTH

Nonpriority Creditor's Name

400 TECHNOLOGY DRIVE, #240**Canonsburg, PA 15317**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0786****\$1,278.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **MEDICAL**

4.4

SPARKLETTS & SIERRA SPRINGS

Nonpriority Creditor's Name

200 EAGLES LANDING**BOULEVARD****Lakeland, FL 33810**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **6508****\$3.99**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **BUSINESS EXPENSE****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **KAREEN YEUNG LANDERVILLE**Case number (if known) **24-11627**

Name and Address

DIGNITY HEALTH**P.O. BOX #644717****Pittsburgh, PA 15264-4717**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	<u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$	<u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	<u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	<u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	<u>0.00</u>
Total claims from Part 2	6f. Student loans	6f. \$	<u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	<u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	<u>0.00</u>
	6i. Other. Add all other nonpriority-unsecured claims. Write that amount here.	6i. \$	<u>4,129.54</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	<u>4,129.54</u>

Fill in this information to identify your case:

Debtor 1	KAREEN YEUNG LANDERVILLE		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEVADA		
Case number (if known)	24-11627		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ KAREEN YEUNG LANDERVILLE
KAREEN YEUNG LANDERVILLE
Signature of Debtor 1



X _____
Signature of Debtor 2

Date May 16, 2024

Date _____

**United States Bankruptcy Court
District of Nevada**

In re KAREEN YEUNG LANDERVILLE

Debtor(s)

Case No. 24-11627

Chapter 7

VERIFICATION OF CREDITOR MATRIX - AMENDED

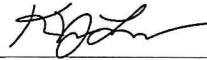
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: May 16, 2024

/s/ KAREEN YEUNG LANDERVILLE

KAREEN YEUNG LANDERVILLE

Signature of Debtor



ANTHEM BLUE CROSS AND BLUE SHIELD
P.O. BOX #6112
Indianapolis, IN 46206-6112

DIGNITY HEALTH
P.O. BOX #644717
Pittsburgh, PA 15264-4717

LABORATORY CORPORATION OF AMERICA
P.O. BOX #2240
Burlington, NC 27216-2240

SELECT PHYSICAL THERAPY / DIGNITY HEALTH
400 TECHNOLOGY DRIVE, #240
Canonsburg, PA 15317

SPARKLETTS & SIERRA SPRINGS
200 EAGLES LANDING BOULEVARD
Lakeland, FL 33810

CERTIFICATE OF SERVICE

Pursuant to Fed.R.Bank.P. 2002 and LR 2002, I certify that I am an employee of Mincin Law, PLLC, and on the 17th day of May, 2024, service of a true and correct copy of the AMENDMENT COVER SHEET; AMENDED SCHEDULE F; VERIFICATION OF MATRIX; and MATRIX was made by:

☒ **MAIL SERVICE:** By placing same to be depositing for mailing in the United States Mail in Las Vegas, Nevada, with which first class postage was fully prepaid and was addressed to the parties as listed.

Anthem Blue Cross And Blue Shield
P.O. Box #6112
Indianapolis, IN 46206-6112

Dignity Health
P.O. Box #644717
Pittsburgh, PA 15264-4717

Laboratory Corporation Of America
P.O. Box #2240
Burlington, NC 27216-2240

Select Physical Therapy / Dignity Health
400 Technology Drive, #240
Canonsburg, PA 15317

Sparletts & Sierra Springs
200 Eagles Landing Boulevard
Lakeland, FL 33810

I further certify that on the 17th day of May, 2024, service of a true and correct copy of the AMENDMENT COVER SHEET; AMENDED SCHEDULE F; VERIFICATION OF MATRIX; and MATRIX was made by:

☒ **ECF SERVICE:** That service was made by electronic transmission through the ECF filing system of the U.S. Bankruptcy Court, District of Nevada to the parties as listed below: and/or

BRIAN D. SHAPIRO brian@trusteeshapiro.com, nv22@ecfcbis.com;
kristin@trusteeshapiro.com; carolyn@brianshapirolaw.com

U.S. TRUSTEE - LV - 7 USTPRegion17.LV.ECF@usdoj.gov


/s/ Carol Burke

ANTHEM BLUE CROSS AND BLUE SHIELD
P.O. BOX #6112
Indianapolis, IN 46206-6112

DIGNITY HEALTH
P.O. BOX #644717
Pittsburgh, PA 15264-4717

LABORATORY CORPORATION OF AMERICA
P.O. BOX #2240
Burlington, NC 27216-2240

SELECT PHYSICAL THERAPY / DIGNITY HEALTH
400 TECHNOLOGY DRIVE, #240
Canonsburg, PA 15317

SPARKLETTS & SIERRA SPRINGS
200 EAGLES LANDING BOULEVARD
Lakeland, FL 33810